BIRTH NO.  REG. DIST. NO.  PRIMARY REG. DIST. NO.  PRI	BISTH NO. REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 1007 Registror's No. 1002 Registror's No.	MED OCT	1 1 1952			ALTH OF MISS			3	173
P.P.	SINTH NO.   STATE   Jackson   State	Highort	<b>_</b>	STANDARD		CAILOF	JEAIH		te File No	************
a. COUNTY  Jackson  b. CITY (If outside corporate limits, write RURAL and give OR Names)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give townshi	a. COUNTY  Jackson  b. CITY (If equide corporate limits, write RUBAL and give to company)  b. CITY (If equide corporate limits, write RUBAL and give to company)  company to the service limits, write RUBAL and give to company to the rest of the the re	BIRTH NO		REG. DIST. NO.	189	RIMARY REG. DI	ST. NO	1002 Ke	istrar's No	21
D. CITY (II ontaide corporate limits, write RURAL and give township)  D. CITY (II ontaide corporate limits, write RURAL and give township)  STAY (is this place)  TOWN KARSAS CITY  G. CITY (III outside corporate limits, write BURAL and give township)  OR COWN KARSAS CITY  G. CITY (III outside corporate limits, write BURAL and give township)  OR COWN KARSAS CITY  G. CITY (III outside corporate limits, write BURAL and give township)  OR COWN KARSAS CITY  G. CITY (III outside corporate limits, write BURAL and give township)  OR COWN KARSAS CITY  G. CITY (III outside corporate limits, write BURAL and give township)  OR COWN KARSAS CITY  III DECEASED  (II runt: give location)  Miller  G. CLLSt)  G. CLLSt)  G. CLLSt)  G. CLLSt)  G. STRET  (ADDRESS  (II runt: give location)  Miller  G. CLLSt)  G. STRET  (ADDRESS  (II runt: give location)  Miller  G. CLLSt)  G. CLLSt)  G. STRET  (ADDRESS  (II runt: give location)  Miller  G. CLLSt)  G. STRET  (ADDRESS  (II runt: give location)  Miller  G. CLLSt)  G. STRET  (ADDRESS  (II runt: give location)  Miller  G. CLLSt)  G. STRET  (ADDRESS  (II runt: give location)  Miller  G. CLLSt)  G. STRET  (ADDRESS  (II runt: give location)  Miller  G. CLLSt)  Miller  G. CLLSt)  Miller  G. CLLSt)  G. STRET  (ADDRESS  (II runt: give location)  Miller  G. CLLSt)  G. CLLSt)  Miller  G. C	Jackson  Jac		ТН			. STATE		Cossoob eredW)	lived. If institution	
ONN KANSAS City township LD YTS 6  IT TOWN KANSAS City TYS 6  IT TOWN KANSAS CITY  IT TOWN KANSAS  IT TOWN FOR TOWN LICE  IT	TOWN KARSAS CITY  d. FULL NAME OF (If on is beoplate or insufficience, fire steets address or location)  JOHNE OF (If one is beoplate or insufficience, fire steets address or location)  JOHNE OF (If one is beoplate or insufficience, fire steets address or location)  JOHNE OF (If one is beoplate or insufficience, fire steets address or location)  JOHNE OF (If one is beoplate or insufficience)  JOHNE OF (If one i					M			Jacks	on
d. FULL NAME OF (If sot in beoptial or insultution, give street address or location) HOSPITAL OR HOSPI	d. Fill. NAME OF (If not is beoptial of inadiculos, give street address or location)  NOSTITUTION  1/319 Charlotte  1/319 Cha	OR		township)   i > LAY	(in this place)	OR		_	and give township.	,
3. NAME OF DECEASED a. (First) DECEASED Clarence Clarence Clarence Leon Miller Death 9. AGE (In press) Windows during most of working tile, even if retired Clarence Windows during most of working tile, even if retired Consaduring tile, even if retired Consaduring tile, even if retired Consaduring Constitution Constitu	3. NAME OF DECEASED CLORD OR RACE DECEASED CLORD (Type or Print) Clar end of the Color of the Co			1-4-	<u> </u>				3	6
3. NAME OF DECASED CLAYER ARRIED. C. (Last) 4. DATE (Month) (Day)  OF DEATH 9 25  5. SEX	3. NAME OF DECEASED DECEASED DECEASED Type or Print) Clareno  5. SEX  6. COLOR OR RACE 17. MARRIED, NEXT MARRIED MY MATTIEd  19. AGE (in year) SILLA COCUPATION (Giveshird at vertice) MY MATTIED  100. USUAL OCCUPATION (Giveshird at vertice) DO FIRAN DOSTRAN DOSTR	HOSPITAL OR INSTITUTION	4319 Char	lotte	Of Indealign)	ADDRESS .	•	•	21	ک پر
(Type or Print) Clarence Leon Miller DEATH 9 25  S. SEX	(Type or Print) Clarence 9 Leon Miller Death 9 25  S. SEX 6. COLOR OR RACE 7. MARRIED 17. MARRIED 18. DATE OF BIRTH 9. AGE (in years) 8 Month 19. AGE (in years) 19. AGE (in years) 8 Month 19. AGE (in years) 19. AGE (in yea	3. NAME OF		<del></del>				4. DATE	(Month) (D	ay)
IN METTION    In Color   Color	100. USUAL OCCUPATION (Clow that of work dome during most of working Utb., went if redired)  100. KIND OF BUSINESS OR IN. DUSTRY  101. BIRTHPLACE (Gity and State or Ferriga Company)  102. MANUE OF HUSBAND OR WIFE  103. MANUE OF HUSBAND OR WIFE  103. MANUE OF HUSBAND OR WIFE  104. BUSINESS OR IN. DUSTRY  105. MAIL OF BUSINESS OR IN. DUSTRY  105. MAIL OF BUSINESS OR IN. DUSTRY  106. CAUSE OF DEATH  107. INFORMANT'S SIGNATURE OF FERRIGA COUNTY  107. INFORMANT'S SIGNATURE OF FERRIGA COUNTY  108. BUSINESS OR IN. DUSTRY  108. CAUSE OF FERRIGA COUNTY  109. MAIL OF HUSBAND OR WIFE  109. MAIL OF HUSBAND OR MAIL OF FERRIGA COUNTY  109. MAIL OF HUSBAND OR WIFE  109		Clarence	Leo	n	Miller	<u>-                                      </u>	DEATH	9 _ 25	
MAPTION  (New kind of work done during most of working lile, wren it retired)  (I) D. KIND OF BUSINESS OR INDUSTRY  (COUNT DUSTRY  (COUNT DUSTRY  (COUNT DUSTRY  (COUNT DUSTRY  (CITY and State or Foreign Country)  (COUNT DUSTRY  (COUNT DUSTRY  (COUNT DUSTRY  (COUNT DUSTRY  (CITY and State or Foreign Country)  (COUNT DUSTRY  (COUNT DUSTRY  (COUNT DUSTRY  (CITY and State or Foreign Country)  (COUNT DUSTRY  (COUNT	DISTAL OCCUPATION (Gibe kind of work down during man of working lits, wen if redired)  Retired Clerk  Sa. Father's name  Adam Miller  S. WAS DECEASED EVER IN U. S. ARMED FORCEST  II. SECURITY  NO WE DECEASED EVER IN U. S. ARMED FORCEST  S. WAS DECEASED EVER IN U. S. ARMED FORCEST  S. WAS DECEASED EVER IN U. S. ARMED FORCEST  III. SECURITY  NO WE DECEASED EVER IN U. S. ARMED FORCEST  S. WAS DECEASED EVER IN U. S. ARMED FORCEST  III. SECURITY  S. WAS LARBAS  S. MAILLER IN U. S. ARMED FORCEST  III. SECURITY  S. WAS LARBAS  S. MAILLER IN U. S. ARMED FORCEST  S. WAS DECEASED EVER IN U. S. ARMED FORCEST  III. SECURITY OF U. S. MAILLER IN U. S. ARMED FORCEST  S. WAS DECEASED EVER IN U. S. ARMED FORCEST  III. SECURITY OF U. S. MAILLER IN U. S. ARMED FORCEST  S. WAS DECEASED EVER IN U. S. ARMED FORCEST  S. WAS DECEASED EVER IN U. S. ARMED FORCEST  III. SECURITY OF U. S. MAILLER IN U. S. ARMED FORCEST  S. WAS DECEASED EVER IN U. S. ARMED FORCEST  III. SECURITY OF U. S. MAILLER IN U. S. ARMED FORCEST  S. WAS DECEASED  S. MAILLER IN U. S. ARMED FORCEST  S. WAS DECEASED EVER IN U. S. ARMED FORCEST  S. WAS DECEASED EVER IN U. S. ARMED FORCEST	5. SEX /) 6.	COLOR OR RACE	7. MARRIED, NEVER N	ARRIED.	8. DATE OF BIRT	н	9. AGE (In )	y) Months   Day	Hou
does during most of working life, even if retired)  Retired Clerk  3a. Father's mame  Adam Miller  Caroline Finch  S. WAS DECEASED EVER IN U.S. ARMED FORCES?  S. WAS DECEASED IN U.S. ARMED FORCES?	DUSTMAN   Plumbing   Wes. Kansas   Country	М	W	Married	<u></u>	5-15-1879	<u> </u>			
Retired Clerk Dorfman Plumbing Wea Kansas IISA  3a. Father's Name	Retired Clerk  3a. Famer's Name  Adam Miller  S. WAS DECEASED EVER IN U.S. ARMED FORCEST  16. SOCIAL SECURITY  NO.  NO.  MEDICAL CERTIFICATION  MITTER  ANTICEDENT CAUSES  ANTICEDENT CONDITION  DIRECTLY LEADING TO DEATH*  (a) DUE TO (b)  This does not mean the mode of dring, such sherifalture, satheria, cit. 11 means the dis- underlying cause leaf.  DUE TO (c)  TO HER SIGNIFICANT CONDITIONS  DUE TO (c)  10. MAJOR FINDINGS OF OPERATORS  HOMICIDE  11. OTHER SIGNIFICANT CONDITIONS  21a. ACIDENT  SUICIDET  HOMICIDE  21d. TIME  MORAL  MORAL  MORAL  12b. MAJOR FINDINGS OF OPERATORS  WORK  MORK  12c. LITY, TOWN, OR TOWNSHIP)  21c. PLACE OF INJURY (a.g., inor about to frelated to the disease or condition counting death.  OF INJURY  22 I hereby certify that I attended the deceased from  alive on   12b., and that death occurred at  12c. NAME  22c. PLATE  MOLICIDE  12d. Time (Monath)  12d. LOCATION, Forward, or country  12d. NAME  22c. NAME  22c. NAME  22c. NAME  22c. PLATE  22c. PLATE  22c. PLATE  22c. PLATE  ADDRESS  Mellody-McGilley-Eylar  Molicions  12c. PLATE  Molicions  MEDICAL CERTIFICATION  INTERNAL  MITERY  MI	10a. USUAL OCCUPATIO	ON (Give kind of work	10b. KIND OF BUSINE	SS OR IN-	11. BIRTHPLACE	(City and Sta	te or Foreign C	ountry) 12. (	UNTR
Adam Miller    Caroline Finch   Emma E. Miller	Adam Miller    Caroline Finch   Emma E. Miller   S. WAS DECEASED EVER IN U. S. ARMED FORCEST   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   AD     NO   ME   NO   M			Dorfman Plu	mbing	Wea, I				SA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	IS. WAS DECEASED EVER IN U. S. ARMED FORCES! IG. SOCIAL SECURITY  (YOM. SO SUNKNOWN)  (II yes, stree was or dates of survice)  (II) A. SOCIAL SECURITY  (NO. NO. NO. NO. NO. NO. NO. NO. NO. NEST A  (III) SEASE OR CONDITION  (III) DISEASE OR CONDITION  (II	13a. FATHER'S NAME		13b. MOTHER	'S MAIDEN	NAME	14. N/	ME OF HUSBA	ND OR WIFE	
(If yes, sive was or dates of service)  NO NESS E. E. Miller L319 Charlotte INTERNATION  18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  "This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or compileation which caused death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA-  TION  19b. MAJOR FINDINGS OF OPERA-  TION  21b. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE  21c. CITY, TOWN, OR TOWNSHIP)  COUNTY)  COUNTY	Company   Comp									46
IB. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  "This does not mean the mode of dying, such as heart fullure, authenta, etc. It means the dis- case, injury, or compilica- tion which caused death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS.  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  120. AUT  211. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  212. ACCIDENT SUICIDE HOMICIDE  213. ACCIDENT SUICIDE HOMICIDE  214. INJURY (e.g., is or about) bome, farm, factory, street, office bidg., etc.)  215. PLACE OF INJURY (e.g., is or about) bome, farm, factory, street, office bidg., etc.)  216. INJURY OCCURRED OF  217. HOW DID INJURY OCCUR?	IB. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  "This does not mean the first mode of dying, such as heart failure, authenia, rise to the above cause (a) stating the underlying cause last.  Conditions contributing to the death but not related to the disease or condition counting death.  192. DATE OF OPERATION  213. ACCIDENT SUICIDE (Specify) 21b. PLACE OF INJURY (a.g., to or about DOE TO (c) 11. OTHER SIGNIFICANT CONDITIONS  214. ACCIDENT SUICIDE (Specify) 21b. PLACE OF INJURY (a.g., to or about DOE TO (c) 12. SUICIDE (DOE NOW)  216. ACCIDENT SUICIDE (Specify) 21b. PLACE OF INJURY (a.g., to or about DOE TO (c) 12. SUICIDE (DOE NOW)  216. ACCIDENT SUICIDE (Month) (Day) (Teat) (Hour) 22b. INJURY OCCURTS  217. How DID INJURY OCCURTS  218. SIGNATURE (Month) (Day) (Teat) (Hour) 22b. INJURY OCCURTED (DOE NOW)  219. SIGNATURE (Month) (Day) (Teat) (Hour) (Degree or title) (Does and that death occurred at	(You, no, or unknown)   (If		ad-accident	NO I				<del>-</del>	
IS. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, asthenia, ctc. It means the dis- case, injury, or complica- tion which caused death.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  IPa. DATE OF OPERA- TION  TION  Conditions (Bpecity)  21b. PLACE OF INJURY (e.g., is or about bome, farm, factory, street, office bidg., stee)  WHILEAT NOT WHILE  21f. HOW DID INJURY OCCUR?	Incomplete one of sping, such as heart follows, if any, sixing DUE TO (b)  "This does not mean the mode of sping, such as heart follows, if any, sixing DUE TO (b)  "This does not mean the mode of sping, such as heart follows, if any, sixing DUE TO (b)  "This does not mean the such as heart follows, if any, sixing DUE TO (b)  "This does not mean the such as heart follows, if any, sixing DUE TO (b)  "This does not mean the such as heart follows, if any, sixing DUE TO (b)  "This does not mean the such as heart follows, if any, sixing DUE TO (b)  "This does not mean the such as heart follows, if any, sixing DUE TO (b)  "This does not mean the such as heart follows, if any, sixing DUE TO (b)  "This does not mean the such as heart follows, if any, sixing DUE TO (b)  "This does not mean the such as heart follows, if any, sixing DUE TO (b)  "This does not mean the such as heart follows, if any, sixing DUE TO (b)  "This does not mean the such as heart follows, if any, sixing DUE TO (b)  "This does not mean the such as heart follows, as heart follows							1319 C		
*This does not mean the mode of dying, such as heart failure, astheria cle. It means the dis- case, injury, or complica- tion which caused death.  DUE TO (c)  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition cousing death.  19a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE  (Bpecity)  21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  WHILEAT ON WHILEAT  NOT WHILEAT ON NOT WHILE  21f. HOW DID INJURY OCCUR?	This does not mean the mode of dring, such as heart failure, astherate, at the above cause (a) stating the underlying cause last.  It means the discovery of the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Trial to the debove cause (a) stating the underlying cause last.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Trial to the discovery condition counting to the death but not related to the discovery condition counting death.  III. OTHER SIGNIFICANT CONDITIONS  III. OTHER SIGNIFICANT COUNTY)  III. OTHER SIGNIFICANT CONDITIONS  III. OTHER SIGNIFICANT COUNTY)  III. OTHER	Enter only one cause per	I, DISEASE OR CO DIRECTLY LEAD		aus	I Hal	PCITA	mmi	mour	NSET AI
This does not mean the mode of dying, such as heart failure, asthemia, ctc. It means the discase, injury, or compilication which caused death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  19b. MAJOR FINDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  21d. TIME (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED WHILE TO NOT WHI	Morbid conditions, if any, gisting DUE TO (b)  sis to the above cause (a) stating the underlying cause (a) stating the underlying cause last.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition cousing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  SUCCIDE  HOMICIDE  21b. PLACE OF INJURY (c.g., in or about 12t., it is not work to the disease or condition cousing death.  19c. AUTO  YES  21d. ACCIDENT  SUCCIDE  HOMICIDE  21d. TIME  (Month)  (Day)  (Poer)  (Poer)  12te. INJURY OCCUR?  (Poer)  WHILEAT  NOT WHILE  WHILEAT  NOT WHILE  WHORK  12te. INJURY OCCUR?  12te. IN						,		7	
DUE TO (c)  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE (Specify)  Conditions contributing to the death but not related to the disease or condition causing death.  21a. ACCIDENT SUICIDE (Specify)  County)	DUE TO (c)    DUE TO (c)				(b)					
Case, injury, or complication which caused death.  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  192. DATE OF OPERATION  193. DATE OF OPERATION  214. ACCIDENT SUICIDE HOMICIDE  Conditions contributing to the death but not related to the disease or condition causing death.  195. MAJOR FINDINGS OF OPERATION  196. MAJOR FINDINGS OF OPERATION  197. COUNTY)  198. DATE OF OPERATION  199. MAJOR FINDINGS OF OPERATION  199. MAJOR FINDINGS OF OPERATION  190. AUT  190. AUT  190. MILEAT ON NOT WHILE OPERATION  191. HOW DID INJURY OCCUR?	DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Ornditions contributing to the death but not related to the disease or condition cousing death.  III. OTHER SIGNIFICANT CONDITIONS  Ornditions contributing to the death but not related to the disease or condition cousing death.  III. OTHER SIGNIFICANT CONDITIONS  Ornditions contributing to the death but not related to the disease or condition cousing death.  III. OTHER SIGNIFICANT CONDITIONS  Ornditions contributing to the death but not related to the disease or condition cousing death.  III. OTHER SIGNIFICANT CONDITIONS  III. OTHER SIGNIFICANT CONDITIONS  ORDITIONS  III. OTHER SIGNIFICANT CONDITIONS  III. OTHER SIGNIFICANT CON		rise to the above of the underlying car	ause (a) stating ise last.	•			<del>-</del> : -		٠
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 7 120. AU  21a. ACCIDENT SUICIDE 2  21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., stell  21c. CITY, TOWN, OR TOWNSHIP) (COUNTY) (COUNTY)  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF WHILE AT ON NOT WHILE TO NOT WH	Conditions contributing to the death but not related to the disease or condition cousing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NAT	case, injury, or complica-			(c)		· · · · · · ·		<sub>-</sub>	195
related to the disease or condition cousing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE 2  19b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., stell  21c. CITY, TOWN, OR TOWNSHIP)  (COUNTY)	Pelated to the disease or condition cousing death.   20. AUTC   710.   195. MAJOR FINDINGS OF OPERATORS   210. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE   210. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE   210. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE   210. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE   210. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE   210. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE   210. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE   210. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE   210. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE   210. PLACE OF INJURY OCCUR?   211. HOW DID INJURY OCCUR?   211. HOW DID INJURY OCCUR?   212. PLACE OF INJURY OCCUR?   213. PLACE OF INJURY OCCUR?   214. PLACE OF INJURY OCCUR?   215. PLACE OF INJURY OCCUR?   216. PLACE OF INJURY OCCUR?	tion which caused death.	Conditions contril	buting to the death but not	•	<u>.</u> .	••			/ L =
TION TION TOWNSHIP)  21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., to or about bome, farm, factory, street, office bidg., etc.)  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED (WHILE AT   NOT WHILE    WHILE AT   NOT WHILE    WHI	21a. ACCIDENT SUICIDE Home, farm, factory, street, office bidg., etc.) 21d. TIME (Month) (Day) (Year) (Hour) Signature Homicide (Month) (Day) (Year) (Hour) Signature Homicide (Month) (Day) (Year) (Hour) Signature Sig		related to the disca	se or condition causing dea	th.	<del></del>			1 20	AUTTO
SUICIDE SUICIDE   bome, farm, factory, street, office bidg., sted   1   1   2   2   2   3   4   4   4   4   4   4   4   4   4	SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED WHILE AT WORK   NOT WHILE   NOT WORK   NOT WHILE   NOT WHIL		196. MAJOR FINI	DINGS OF OPERATION	100	Pelin	1-1	, ,	'   "	
SUICIDE SUICIDE   bome, farm, factory, street, office bidg., sted   1   1   2   2   2   3   4   4   4   4   4   4   4   4   4	SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED WHILE AT WORK   NOT WHILE   NOT WORK   NOT WHILE   NOT WHIL	AL ACCIDENT	(9) - (4)	215 PLACE DE IN HIRV (	M (	210 CITY TOWN	OR/TOWNSH	IP)	(COUNTY)	(ST/
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	21d. TIME (Month) (Day) (Feer) (Hour) 21e. INJURY OCCURRED OF INJURY OCCUR?  WHILE AT WORK NOT WHILE NOT WHILE NOT WHILE NOT WHILE AT WORK NOT WHILE NOT WHILE AT WORK NOT WHILE	SUICIDE HOMICIDE				<b>/</b>	.,			1
	22. I hereby certify that I attended the deceased from	21d. TIME (Month)	(Day) (Year) (		1	21f. HOW DID IN.	JURY OCCURT			
INJURY — WORK L AT WORK L )	22. I hereby certify that I attended the deceased from	OF INJURY		WHILEAT NO	T WHILE					
	23c. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION City, town, or county)  25. FUNERAL DIRECTOR'S SIGNATURE  26. DATE  27. DATE  28c. DATE  28c. DATE  28c. NAME OF CEMETERY OR CREMATORY  28d. LOCATION City, town, or county)  28d. LOCATION City, town, or county)  28d. DATE  28d. DATE  28d. DATE  28d. NAME OF CEMETERY OR CREMATORY  28d. LOCATION City, town, or county)  28d. LOCATION City, town, or county)  28d. DATE  29. 27-52  Calvary  ADDRESS  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  40. ADDRESS  Mellody-McGilley-Eylar  KCMO.				curred at _		om the cause		e date stated ab	ove.
alive on, 19, and that death occurred at m., from the causes and on the date stated above.	246. DATE 246. NAME OF CEMETERY OR CREMATORY 246. LOCATION City, town, or county)  BUZIAL 9-27-52 CALVARY KANSAS CITY MO.  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS  9-26-51 CHARLES (Foliate Mellody-McGilley-Eylar KCMO.		Hugh H			23b. ADDRESS	0 //	- 500	23	S. DAT
alive on, 19, and that death occurred at m., from the causes and on the date stated above.	TION, JEMOVAL (Specify) Byrial 9-27-52 Calvary Kansas City Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS 9-26-52 Studding (foliate Mellody-McGilley-Eylar KCMO.	Unalla.Y	Allane	und Carel	ulns:	10340	Laste	F Bladd	<u> </u>	- 2,
alive on, 19, and that death occurred at m., from the causes and on the date stated above.  23c. DIGNATURE   H. Owens (Degree or title)   23b. ADDRESS   23c. DIGNATURE   10   23c. D	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  25: FUNERAL DIRECTOR'S SIGNATURE ADDRESS  9-26-51 Strald: Holmes Mellody-McGilley-Eylar KCMO.	MAL BURIAL CREM	246. DATE	24c. NAME C	F CEMETER	Y OR CREMATORY	24d. LOC	ATION HORY,	town, or county)	
alive on, 19, and that death occurred at m., from the causes and on the date stated above.  23c. DIAMATORE   H. Owe 18 5 (Degree or title)   23b. ADDRESS   23c. DIAMATORE   23c	9-26-52 Sealding Holmes Mellody-McGilley-Eylar KCMO.	Burial 1	"   9 <b>-</b> 27 <b>-</b> 52	Calva	ry					
alive on	9-26-52 Chalding Holmes Mellody-Modilley-Eylar KCMO.	DATE REC'D BY LOCA		SIGNATURE	0					55
alive on		9-26-52	Der	eldine Ho	(mes)			-Eylar	KCMO.	

## STATEMENT BY LICENSED EMBALMER

Student Embalmer

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

...